

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Kevin C. Brathwaite	COURT CASE NUMBER	04-1542-G.M.S
DEFENDANT	First Correctional Medical	TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
➔	First Correctional Medical INC.		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	P.O. Box 69370 ORO, Valley, AZ. 85737		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
Kevin C. Brathwaite		Number of process to be served with this Form - 285	1
1181 Paddock Rd.		Number of parties to be served in this case	27
SMYRNA De. 19977		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

~~ATTN:~~ GINA Wolken
First Correctional Medical INC
1181 Paddock Rd.
SMYRNA De. 19977

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Kevin Brathwaite		NA	5-5-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	FILED		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Address (complete only if different than shown above)	NOV - 8 2005		Date of Service	Time		
	U.S. DISTRICT COURT			am pm		
			Signature of U.S. Marshal or Deputy			
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

1/4 business NO longer @ 1575 McKee Rd, Dover, DE (RD)